Political Organization Notice of Section 527 Status

OMB No. 1545-1693

SCANNED AUG 01 '00

and the second	rament of the Transury tel Revenue Service				1
	rt I General Information		 _		<u> </u>
1	Name of organization			El-	
·	CITIZENS FOR REPRESEN	TATIVE DALE	A DICUTED		er identification numbe
2	Mailing address (P.O. Box or number	street and mam or	A. RIGHIER	1 3/	1399532
	P.O. BOX 348	r, su sec, and room or	suite (idiliber)		
	City or town, state, and ZIP code				·
	CHARLESTON, IL 61920	1			
3	E-mail address of organization) <u>. </u>			
•	NONE				
4a	Name of custodian of records	Al-	Custodian's address		
		-	P.O. BOX 628		•
			F.O. BOX 020		••••••
	LARRY D. NICHOLS		MATTOON II 61020		•
	Name of contact person	51-	MATTOON, IL 61938 Contact person's address	<u> </u>	
_	The state of some state of the		P.O. BOX 348		ă .
			F.U. BUA 340	·	
	DALE A. RIGHTER		CHARLECTON TO (1000		<i>;</i>
6	Business address of organization (If a	lifferent from mailing	CHARLESTON, IL 61920 address shown above). Number, street, and		iha aveah a
-		and one nomentaling	audites siowii audvej. Nulliper, sueet, aud	TOOM OF SU	ite number
_	City or town, state, and ZIP code				
	,,,				
j _a	rt II Purpose	 -			
7		tion			
			TION FOR THE ELECTION OF I		
		wan.xnyeelaee	**************************************	AND FOLLOWS	VTAUYEV
	••••••	•••••			***************************************
	•••••••	••••	····		***************************************
•••	••••••	•••••	***************************************		
					•
			••••••		
			•		
-	List of All Related Ent Name of related entity	i ities (see instruct			
38	Name of related eatits:		tions)		
	Traine of related entity	8b Relationship	tions) 8c Address		
	reality of related Griffly	8b Relationship			
	realed dility	8b Relationship			
		8b Relationship			
	NONE	8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			
		8b Relationship			

Name	9b Title	ompensated Employees (see instructions) 9c Address
	<u> </u>	P.O. BOX 348
NITE A DIGUMEN		
DALE A. RIGHTER	REPRESENTATIVE	CHARLESTON, IL 61920
		6936 KNOLLCREST
ELI SIDWELL	CHAIRMAN	CHARLESTON, IL 61920
		_
		P.O. BOX 628
LARRY D. NICHOLS	TREASURER	MATTOON, IL 61938
		1 02/30

		1
		•••••
•	•	8 8 4 4 N
		•••••
I lador manables =4 = -1	and the second s	
		Pert I is to be treated as an organization described in section 527 of the impanying schedules and statements, and to the best of my knowledge a
it is true, correct, and complete	11 10 11	,
	116.10	7/-1/201
Signature of authorized	official Cylindrical	

Hit Kn Hill

Form **8871** (7-2000)